

€287.96: 55% private expenses and 45% charged to NHS. Hospitalizations created the highest burden (22%, NHS) followed by home-care and transport (both private). In the last year 26 patients (33%) varied their occupational status due to pain. Fifty-eight (73%) patients required a caregiver; caregivers were absent from work in 80% of cases. A strong impairment in baseline HR-QoL was documented. Patients reported an average value of 37 in the EQ-VAS ('pain/discomfort' and 'usual activities' are the most impaired domains), using the UK conversion values the mean utility score was 0.07, using the Catalanian it was 0.10. According to the Oswestry questionnaire, 44% of patients were considered crippled and 39% severely disabled. The physical role was the most impaired dimension as measured with the SF-36. **CONCLUSIONS:** Our baseline analysis demonstrates FBSS is a very expensive disease that severely impairs HR-QoL. Future analyses will evaluate the cost-effectiveness of SCS and CMM in the treatment of FBSS.

**PSY18**

**COST-EFFECTIVENESS OF FENTANYL ITS (IONSYS™) IN POST-OPERATIVE PAIN MANAGEMENT: A FINNISH HOSPITAL PERSPECTIVE ANALYSIS**

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**OBJECTIVES:** To evaluate the cost-effectiveness of fentanyl ITS (iontophoretic transdermal system—IONSYS™) versus epidural analgesia (EA) or intravenous patient-controlled analgesia (IV-PCA) for acute post-operative pain management (POPM) from a Finnish hospital perspective. **METHODS:** The cost-effectiveness of IONSYS™ was assessed using a decision analytic model estimating costs (2008€) and POPM patient outcomes (pain relief, minor and major POPM-related complications) from surgery to discharge. Groups receiving 1, 2 or 3 day(s) of IV-PCA or EA were compared to groups receiving respectively 1, 2 or 3 day(s) of IONSYS™. Pain relief data were derived from clinical trials and published literature. Complication rates were predicted from a longitudinal hospital database. Resource use included drugs, consumables, equipment, POPM-related complications and staff time, the latter derived from expert panels and a literature review. Costs were based on official tariffs and price lists. **RESULTS:** The costs of IONSYS™ for 1, 2 or 3-day groups were €1,825, €2,240 and €2,655. For 1 day of IV-PCA and 1, 2, 3 day(s) of EA respectively, savings were €70, and €164, €167, €174. For 2 or 3 days of IV-PCA respectively additional costs were €19 and €105. The percentage of complication-free patients was consistently higher with IONSYS™ as regards minor and major complications with increment ranges of [1.44%, 3.95%] and [0.04%, 2.29%], respectively. The percentage of patients reporting no or mild pain with IONSYS™ was the same as with IV-PCA and lower than with epidural with respective increments for 1, 2 and 3-day groups of -4.02%, -4.33% and -5.26%. **CONCLUSIONS:** Compared to EA, IONSYS™ offers lower costs and fewer complications. EA however offers improved pain relief. Compared to IV-PCA, IONSYS™ dominates the 1-day group and for the 2 and 3-day groups offers fewer complications at a higher cost.

**PSY19**

**MEDICAL AND COST EFFECTIVENESS OF BARIATRIC SURGERY IN OBESITY. RESULTS OF AN HTA COMMISSIONED BY THE GERMAN AGENCY FOR HEALTH TECHNOLOGY ASSESSMENT**

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**OBJECTIVES:** Health Technology Assessment to evaluate the medical effectiveness and cost-effectiveness of bariatric surgical procedures in the therapy of morbid obesity in adults compared to standard interventions. **METHODS:** Systematic literature review (published since 2001), targeting adult subjects with morbid obesity (BMI  $\geq 40$  kg/m<sup>2</sup> or BMI  $\geq 35$  kg/m<sup>2</sup> with severe comorbidities). Relevant publications are identified by means of a structured search of 28 databases (e.g. Medline, Embase, Cochrane Central) on November 12<sup>th</sup>, 2007. In addition a manual search of identified reference lists was conducted. Titles and abstracts of the identified publications have been independently screened by two experts on evidence based medicine and health economics. The methodological quality of included studies have been assessed using the criteria recommended by the Scottish Intercollegiate Guideline Network (SIGN) Grading Review Group. Randomised as well as non-randomised studies are included, case reports and series are not considered. The methodological quality of the economic publications has been assessed using checklists of the German Scientific Working Group of Technology Assessment for Health Care and the methodological guide of the EURONHEED project. **RESULTS:** Among 5910 retrieved publications, 25 medical articles and seven health economic studies met the inclusion criteria. Among the included medical publications are nine RCTs, 13 papers on non-randomised clinical trials, and three systematic reviews with meta-analysis. Within the economic assessment, three CEA and four systematic reviews have been identified. Three of the non-randomised studies assess bariatric vs. conventional procedures. All other studies compare different surgical procedures among each other. Follow-up time varies between one and five years in the RCT and goes up to eleven years in one clinical trial. Both medical studies assessing effectiveness of bariatric vs. conventional procedures show a significant greater weight loss after surgery and decline in comorbidities. Diabetes incidence after ten years is lower in the surgery group, but no significant differences can be seen for hypertension, dislipoproteinemia. Among the economics publications, three studies evaluated the cost-effectiveness of certain bariatric surgeries. One study examined two bariatric operations, adjustable gastric banding and gastric bypass, for the treatment of obesity in patients with Type 2 diabetes mellitus. One of the studies included deals with a comparison of GBP vs. no treatment, whereas the other compares the two surgical procedures VBG and AGB among each other. Furthermore, four systematic literature reviews are among the included economic publications, estimating the cost-effectiveness of bariatric treatments based on published data. The focus of the reviews lies both, on the comparison of the cost-effectiveness among the bariatric procedures, as well as on the comparison to no treatment at all. **CONCLUSIONS:** The short and medium term effectiveness of bariatric procedures on weight loss can be assumed and is cost-effective. The weight loss is generally accompanied by a reduction of comorbidities, in particular diabetes, and a decreased overall mortality. There is a lack of studies that focus long term effects and costs. Therefore, based on the available literature no recommendation can be given with respect to the choice of a certain bariatric procedure in usual care or to the